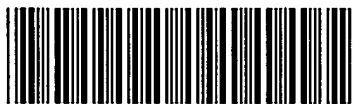


Index of Claims

Application No.

09/932,666

Examiner

Md S Elahee

Applicant(s)

AUL W. DENT

Art Unit

2645

✓	Rejected
-	(Through numeral) Cancelled
=	Allowed

-	(Through numeral) Cancelled
÷	Restricted

N	Non-Elected
I	Interference

A	Appeal
O	Objected

Claim	Date	
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